

| CLAIMS ONLY | | | | | | | Application Number 09/044904 | | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Indep | 4 | 5 | | | | | | | | | |
| Total Depend | 46 | 57 | | | | | | | | | |
| Total Claims | 50 | 62 | | | | | | | | | |